

CPC Solutions
An Independent Review Organization
P. O. Box 121144
Arlington, TX 76012

FX: (817) 385-9607
PH: (855) 360-1445

Email: @irosolutions.com

Notice of Independent Review Decision

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

X

Description of the service or services in dispute:

X

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

X

Information Provided to the IRO for Review:

X

Patient Clinical History (Summary)

The claimant is a X who sustained an injury on X while X. The claimant described pain at the X. The claimant is status X and X. The claimant was referred for X and had X. As of X, the claimant X. The X evaluation noted continuing X. The claimant had received a X on X. The X noted X and X. There was X reported; however, no specific measurements were included. The claimant was continued on X at this evaluation. The X did note that the claimant's X was X.

The X request was denied by utilization review due to the lack of X.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

In review of the clinical findings, the claimant has continued to have X and X. The claimant had attended a X. There was X reported with the recent X. The claimant did have X. The clinical findings are consistent with X and at this point, it is unlikely that further X. It would be reasonable to proceed with the X followed by use of a X. Therefore, it is this reviewer's opinion that the requests are medically necessary and the previous denials are overturned.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um knowledgebase
- AHRQ-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and Guidelines
- European Guidelines for Management of Chronic Low Back Pain
- Internal Criteria Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical Literature (Provide a description)

Other evidence based, scientifically valid, outcome focused guidelines

□ (Provide a description)